Section J. ADDENDUM PAGE ____ of ____

NAME OF COMMITTEE (As reported on Page 1, Line 1)			TYPE OF REPORT	
J. Itemization of Reimbursements and Secondary Payees Addendum				
Expenditure Number as reported in Section J	Total Amount of the Expenditure			
J				
Description				Expenditure Code
Name of Candidate		Office Sought (if applicable)	Supported Opposed	Amount Allocated
D 1.1				
Description				Expenditure Code
Name of Candidate		Office Sought (if applicable)	П с	Amount Allocated
			☐ Supported ☐ Opposed	
Description				Expenditure Code
Name of Candidate		Office Sought (if applicable)	Supported Opposed	Amount Allocated
			☐ Opposed	
Description				Expenditure Code
Name of Candidate		Office Sought (if applicable)	☐ Summarted	Amount Allocated
			Supported Opposed	
Description				Expenditure Code
Name of Candidate		Office Sought (if applicable)	☐ Supported ☐ Opposed	Amount Allocated
Description				Expenditure Code
Name of Candidate		Office Sought (if applicable)	☐ Supported	Amount Allocated
			Opposed	
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